



California Public Employees' Retirement System
P.O. Box 1982
Sacramento, CA 95812-1982
Telecommunications Device for the Deaf: (916) 795-3240
888-CalPERS (or **888-225-7377**)

Business Unit: 1800
Customer Id: 0000-000
Statement Number: 000
Statement Date: 03/14/2008

HEALTH PREMIUM INVOICE

City of Fun
Sally Say
22 Cutter Ave
Fun, CA 90210

Track by
Invoice ID

Track by
coverage cycle

Employer Code: 0000

Unit Code: 000

Invoice ID	Description	Coverage Cycle	Amount
H2008010000000	Total Active	04/2008	\$ 392.01
	Employer Share for Retired (\$14,364.40)		\$ 14,364.40
	Administrative Costs (0.290% of premium)		\$ 42.79
	SubTotal		\$ 14,799.20
H2007120000000	Past Due As Of	12/2007	\$ 14,820.71
	Assessed Interest on Unpaid Balances		\$ 123.50
	Total Adjustments		\$ 0.00
	Payments Applied		\$ (10,000.00)
	SubTotal		\$ 4,944.21
Total Payment Due by	04/10/2008		\$ 19,743.41

Mail remittance with invoice copy to:
California Public Employees' Retirement System
P.O. Box 4032
Sacramento, CA 95812-4032

Please remember
to send a copy of
this invoice with
payment

Please refer to the ACES Public Agency Billing Participant Report at www.calpers.ca.gov to view a detailed list of your participants.

If CalPERS does not receive your agency's payment in full on or before the 10th of the month, assessed interest will be charged on the next month's invoice (California Code of Regulations, Section 599.515).

If paying via Electronic Fund Transfer (EFT), please allow two banking days from the debit date for CalPERS to receive the payment and fax invoice copy to (916) 795-7901 (Attention: Cashiering Unit).

If paying via Overnight Mail, please mail remittance with invoice copy to:

CalPERS Fiscal Services Division
400 Q Street
Sacramento, CA 95811

If you have any questions, please contact the Employer Contact Center at 888-CalPERS (or 888-225-7377) or www.calpers.ca.gov. Thank you.

SAMPLE